

illuminated and provided evidence for each domain discussed. Effectiveness was identified by patients as the most important consideration for satisfaction, irrespective of the patient's condition. Effectiveness comprised 1) consistency of effect; 2) time before onset of effect; 3) degree of symptom relief; and 4) duration. Side effects were also identified as among the most important considerations for satisfaction, and some patients, such as those on chemotherapy, identified it as the most important consideration. If two drugs have the same effectiveness, then side effects become most important. Convenience was found to be important because it impacts lifestyle and consists of three components: ease-of-use, drug form and/or mode of administration, and administrative characteristics. Finally, patients were greatly concerned about the impact their treatment would have on their ability to function in their daily activities. **CONCLUSIONS:** This study contributes to the understanding of medication treatment satisfaction from the patient's perspective. Rigorous qualitative methodology was used to assess the domain structure of a new instrument developed and validated to measure treatment satisfaction across therapeutic areas (TSQM©).

PMC28

LINGUISTIC VALIDATION OF THE US SPANISH WORK PRODUCTIVITY AND ACTIVITY IMPAIRMENT QUESTIONNAIRE, GENERAL HEALTH VERSION (WPAI:GH)

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OBJECTIVES: There are no measures of health-related absenteeism and presenteeism validated for use in the large and increasing US Spanish-speaking population. The first steps in adapting an English language questionnaire for use in this population involve a reiterative process of creating harmonized forward and back translations by independent translators and cognitive debriefing of subjects following questionnaire administration. This process (linguistic validation) establishes the conceptual equivalence of the translation to the original and the cultural appropriateness of the translation. **METHODS:** To evaluate the linguistic validity of the US Spanish version of the Work Productivity and Activity Impairment questionnaire, General Health Version (WPAI:GH), a bilingual (Spanish-English) interviewer debriefed subjects after self-administration of the US Spanish (N = 31) and English (N = 35) WPAI:GH. Subjects were stratified equally by educational level, with and without a high school degree. **RESULTS:** The item comprehension rate was 98.6% for Spanish and 99.6% for English. Response revision rates during debriefing were 1.6% for Spanish and 0.5% for English. Responses to hypothetical scenarios indicate that both language versions adequately differentiate sick time taken for health and non-health reasons and between absenteeism and presenteeism. **CONCLUSION:** Linguistic validity of the US Spanish translation of the WPAI:GH was established among a diverse US Spanish-speaking population, including those with minimal education.

PMC29

RECONSIDERING THE PERSPECTIVE IN ECONOMIC EVALUATION

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OBJECTIVES: Perspective is the point of view from which costs and outcomes of an economic evaluation are evaluated. The results and interpretation of the evaluation depend upon the perspective used. This study evaluates the use of perspective in economic evaluation based on a review of literature, guidelines and

current articles. **METHODS:** A review of the concept and recommended use of perspective in theoretical literature and 31 economic evaluation guidelines was performed. The practical use of perspective was assessed in the 30 economic evaluations published in the Core25 Journals, Health Economics and Pharmacoeconomics in 2004. **RESULTS:** The use of societal perspective, including all relevant costs and outcomes, was unanimously recommended by the literature and the majority of the guidelines. No source mentioned the possibility and implications of using different perspectives for assessing both costs and outcomes in the same study. All articles reviewed used a different perspective for assessing both costs and outcomes. For assessing costs, the payer perspective was most preferred (22), followed by the societal perspective (4) and other (4). In the case of the outcomes, the patient perspective or outcomes for a patient or person at risk was used a majority of the time (29), followed by family perspective (1). **CONCLUSIONS:** The findings of different perspectives for assessing outcomes and cost in the same study contradict the conventional wisdom. This affects the interpretation of the results and implications of the study. We recommend the following: 1) explicitly state the perspective used for assessing both, costs and outcomes; 2) the use of the same perspective for both, costs and outcomes; and 3) the sum of individual patient perspectives should not be understood as the societal perspective because it excludes outcomes such as effects on the mental health of patients' families.

PMC30

